

Receipt



CERTIFICATE OF MAILING

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Date of Deposit: MARCH 30, 2002

Signature: [Handwritten Signature]

Attorney Docket No.: 11397-003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Matthew L. Sharb

Serial No.: 10/075,076

Filing Date: February 13, 2002

Group Art Unit: 1723

Examiner: Unknown

Title: SELF-ADJUSTING FLUID
SURFACE SKIMMER AND FLUID
TREATMENT SYSTEM USING
SAME

REQUEST FOR CORRECTION
OF FILING RECEIPT

Commissioner for Patents
Washington, D.C. 20231

Attention: Application Processing Division
Customer Correction Branch

Dear Sir:

Applicant requests the issuance of a corrected filing receipt (copy enclosed) for the above-referenced patent application. The inventor's name is spelled incorrectly. The filing receipt indicates the name of the inventor as "Matthew L. Sharh," and should read "Matthew L. Sharb," as indicated on the Utility Patent Application Transmittal, application coversheet, and Declaration/Power of Attorney.

Accordingly, issuance of a Corrected Filing Receipt is warranted.

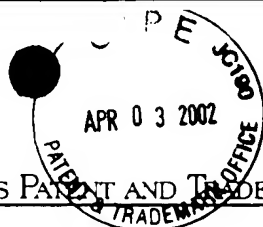
Respectfully submitted,

[Handwritten Signature]
J. Matthew Buchanan
Registration No. 47,459

BRINKS HOFER GILSON & LIONE
P O Box 10395
Chicago, IL 60610
(734) 302-6000

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UNITED STATES PATENT AND TRADEMARK OFFICE

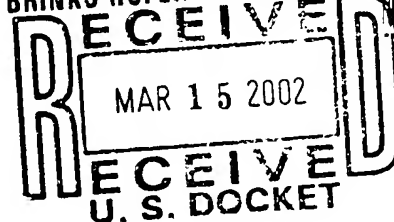
COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/075,076	02/13/2002	1723	370	11397-003	6	20	3

CONFIRMATION NO. 7571

J. Matthew Buchanan
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Chicago, IL 60610

BRINKS HOFER GILSON & LIONE FILING RECEIPT



Date Mailed: 03/11/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) **Sharb**
Matthew L. Sharb, Port Clinton, OH;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 03/11/2002

Projected Publication Date: 08/14/2003

Non-Publication Request: No

Early Publication Request: No

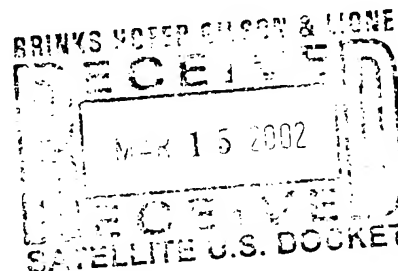
**** SMALL ENTITY ****

Title

Self-adjusting fluid surface skimmer and fluid treatment system using same

Preliminary Class

210



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Bib Data Sheet

CONFIRMATION NO. 7571

SERIAL NUMBER 10/075,076	FILING DATE 02/13/2002 RULE	CLASS 210	GROUP ART UNIT 1723	ATTORNEY DOCKET NO. 11397-003	
APPLICANTS Matthew L. Sharb, Port Clinton, OH; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/11/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
ADDRESS J. Matthew Buchanan BRINKS HOFER GILSON & LIONE P.O. Box 10395 Chicago ,IL 60610					
TITLE Self-adjusting fluid surface skimmer and fluid treatment system using same					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		